

A Report on the Workshop
on
**The Role of NGOs & Private Sector
in
Health and Family Planning in
The Fourth Five Year Plan**

Date: October 8, 1990
**Venue: Academy for Planning & Development
Babupura, Nilkhet, Dhaka, Bangladesh.**



Organized By :
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KAZI FAZLUR RAHMAN

Adviser

Ministry of Agriculture, Irrigation, water Dev.,
Flood Control, fisheries and Livestock
and

Ministry of Environment & Forest
Government of the People's Republic of Bangladesh

D.O. No.....

Dated the 06 January, 1991.

The Workshop on "The Role of NGOs and Private Sector in Health and Family Planning in the Fourth Five Year Plan" gathered together representatives of leading NGOs & officials of the Planning Commission and Government field agencies involved in the formulation strategies as well as execution of programmes and projects in these areas. The discussions were frank and stimulating and produced a set of pragmatic recommendations. Both the planners and practitioners will, I am sure, find these recommendations helpful.

VHSS deserves congratulations for organising the Workshop which in itself is a recognition by all concerned that close collaboration between the NGOs and the Government agencies is not only desirable, but also essential for making any significant advance in these vital areas of national development efforts.

I hope even these who could not participate in the Workshop will find the proceedings as instructive as I do. These should prove to be a valuable resource, not only to those engaged in the planning and management of health and family planning activities but also to those interested in the broad area of the role of NGOs in the national development planning and implementation.

(KAZI FAZLUR RAHMAN)

PREFACE

The Fourth Five Year Plan of the Government of Bangladesh commenced from 1990. Health and Family Planning have been given special importance in the plan. We believe that NGOs will have a critical role in realizing the goals set by the Government. It is this realization which led us to organize a workshop on "The Role of NGO and Private Sector in Health and Family Planning in the Fourth Five Year Plan" with a view to getting a better understanding of the role of NGOs and the private sectors.

We are grateful to the following for chairing the different sessions and their valuable contributions to the discussion. Mr. Kazi Fazlur Rahman, Member, Planning Commission, Government of Bangladesh; Mr. F.H. Abed, Executive Director, BRAC; Mrs. Joya Pati, Managing Director, Kumudini Welfare Trust and President, VHSS Executive Committee; Mr. Alamgir M.A. Kabir, President, FPAB.

VHSS records its sincere appreciation for Mr. Nazmul Kawnine of the Planning Commission for his keynote paper.

VHSS also records its deepest gratitude to all the participants, whose list is annexed to the report.

I express thanks to my colleagues in VHSS without whose sincerest efforts the workshop could not be organized. A special reference should be made to Ms. Rowshan Rahman (Eva), Deputy Director, VHSS, who recognized the need for such a workshop and organized it.

We will consider our efforts successful if they helped in clarifying the role of NGOs and the private sector in implementing the national health and family planning policies.

Best Regards,

Dr. Nasir Uddin
Director
VHSS.

BACKGROUND

The Fourth Five Year Plan has allocated Taka 30,660 million for the Health and Family Planning Sector towards achieving "Health for All by the Year 2000" and reaching a stable size of population by the year 2005. The plan document sets down sub-sectoral objectives and strategies. An important element of the overall sectoral strategy is according the private sector and NGOs a complementary and supplementary role to the public sector efforts in this sector.

Experience to-date reveals that NGOs are adept in providing health and family planning services because they take a flexible approach to meeting the need of the people. Given Bangladesh's health and family planning imperatives there is great potential for mobilization of NGO and private sector in a broader and more diversified area. One of the preconditions for realization of this potential is a clear understanding of the objectives and strategies of the plan and the role of the NGOs and the private sector.

Voluntary Health Services Society (VHSS) is an apex coordinating and support services agency for organizations active in the field of health and family planning throughout Bangladesh.

VHSS serves 162 full members and 300 affiliated members. VHSS recognizes the importance of an open channel of communication between GOB and NGOs in Bangladesh and in this context has undertaken an effort to bring together GOB and NGO representatives in a number of workshops and seminars for discussion on design of policies and strategies for realizing the objectives of the Fourth Five Year Plan. The National Workshop on Role of NGOs and the Private Sector in Health and Family Planning in the Fourth Five Year Plan was the first in a series of workshop that VHSS plans to organize in the country. VHSS expects that this series of workshop will lead to the following benefits:

- a. Better awareness of Fourth Five Year Plan objectives and strategies in the health and family planning sector among the participants.
- b. Recommendations for effective Participation of NGO and private sector in realization of FFYP health and family planning objectives.
- c. Formal documentation of workshop proceedings.

The Voluntary Health Services Society (VHSS) organized a workshop on the role of NGOs and private sector in health and family planning in the Fourth Five Year Plan on Monday, October 8, 1990, at the Planning and Development Academy, Babupura, Nilkhet, Dhaka. After registration of the participants between 8:30 a.m. and 8:50 a.m, the workshop commenced at 9:00 a.m. The workshop was divided into four sessions. The workshop programme that was circulated in advance is at annexure - A.

Participant

The participants of the workshop were from Voluntary and Private Sector institutions active in the field of health and family planning. Health administrators, policy planners, representatives from international organizations and development partners also participated in the workshop. The list of participants is given in annexure - D.

FIRST SESSION

Chairperson

Mr. F.H. Abed, Executive Director, BRAC chaired the first session.

Address of Welcome

- The session started with an address of welcome from Dr. Nasir Uddin, Director, VHSS. After welcoming the chairperson and the participants, Dr. Nasir Uddin said that in view of the recognition given nationally and internationally to the role of NGOs in the country's development, it is necessary that the health and family planning sector goals and objectives of the plan, the envisaged role of NGOs, NGO - Government relationship, the constraints faced by NGOs, mechanisms to make NGOs more effective etc., are very clearly understood. Drawing attention to the high rate of growth of population in the country he highlighted the central importance of communication in the success of family planning programmes. Communication in family planning is particularly sensitive because only people who know each other can overcome the inhibition to talk about it. NGOs - owing to their community base - are specially equipped to communicate at the required intimate personal level and reach target clientele more easily. Although the Government recognizes this, its definition of relationship between NGOs and itself is very generalized. Moreover, NGOs do not have clear or comprehensive view of national policies and goals. Unless the policies and goals are explained very clearly to them they would face difficulty in designing their programme.

Finally, the development partners who provide much needed funding to the NGOs each follow different procedures and formats and familiarization with these procedures takes time. The creation of the NGO Bureau has defined a new matrix of interrelationship between NGOs, the Bureau, Planning Commission and various Ministries where the apolitical NGOs are to try to integrate themselves with the political process of development. Dr. Nasir Uddin said that he expected that the participants would focus on these issues and come up with recommendations about the roles that NGOs can play, policies and procedural measures that the Government need to take to accommodate people's initiative for development. The full text of Dr. Nasir Uddin's address is at annex - 3.

Keynote Speech

Following the address of welcome, Mr. A.B.M. Nazmul Kawnine, Deputy Chief and In-charge of Health Wing of the Planning Commission, presented the keynote paper. The keynote paper stated that good health and a controlled population are the key determinants of the quality of human resources and productivity and thus constitute essential prerequisites for social and economic development. Accordingly, successive five year plans have tried to address the problems of high mortality, morbidity, high birth rates and high rate of population growth. As a result the prerequisites of a favourable setting for a successful MCH based family planning programme have been fulfilled and, at the end of the Third Five Year Plan, the overall scenario of mortality, fertility and contraceptive prevalence has improved. However, the real goal of providing a comprehensive health care to the people has remained largely unrealized. The keynote paper contained a brief outline of evolution of health and family planning services in Bangladesh to the present strategy of MCH-FP package.

With regard to the Fourth Five Year Plan, Mr. Kawnine stated that the plan directions have been formed with the perspective goals of Health For All by the Year 2000 and Net Reproductive Rate of 1 by the year 2005 in view. The main directions of the plan are : (i) consolidation and further development of PHC and MCH-FP infrastructure; (ii) strengthening of quality, quantity and range of health and family planning services based on PHC and MCH approach; (iii) strengthening the technical and managerial capabilities of the health and family planning manpower to sustain and increase efficiency. He then presented the various physical targets of the Fourth Five Year Plan in the health and family planning sector and emphasized that realization of these targets will require substantial amount of resources and enormous efforts. In this context the Government considers a strong non-government sector to be particularly important so as to: (i) substitute private resources for currently used public resources, (ii) use the competitive influence of the private sector to increase the efficiency of the public sector; and (iii) to increase the total amount of resources devoted to health care and family planning.

Recalling the pioneering role played by NGOs in the field of family planning, EPI, diarrhoeal disease control, prevention of blindness, tuberculosis and leprosy control, nutrition, sanitation etc., and the role of the private sector in contemporary curative health service delivery, Mr. Kawnine said that an important element of the overall sectoral strategy in the plan is an extended and positive role for the

non-government sector in service delivery. The areas in which the non-government sector can play such a role include IEM, MIS, training, production of training materials, manufacture of essential medical and surgical equipment, manufacture of contraceptives, health and family planning clinics, polyclinics, nutrition, environmental sanitation, health insurance schemes. etc. He requested the participants to offer their suggestions and recommendations on a range of issues pertaining to the role of the non-government sector. The full text of the keynote speech is at annex - 4.

Chairperson's Address

Mr. F.H. Abed in his address pointed out that although the Government recognizes NGOs as a partner in development, the draft Fourth Five Year Plan was not available to them. He said that NGOs should not just complement and supplement the Government's development efforts but should also focus their energy and attention to innovation. He called the disproportionately high maternal mortality in Bangladesh a "statistic of shame". About half of the children born have low birth weight and infant mortality is 111 per thousand live births. The central reason behind the low status of health in Bangladesh is the poor status of women in the society. He felt that there is an urgent need to define the strategic areas where NGO interventions are required. In this context he referred to the experience of the developed countries who have been able to reduce infant mortality dramatically even before the invention of penicillin. The key to this success was rapid developments in the field of public health intervention. Having tackled public health problems these countries turned their attention to curative aspect of health care from the fifties and the present day developing countries health systems are largely influenced by this aspect of the developed countries' public health experience.

Reiterating the importance of innovative approach Mr. Abed emphasized the need for research into various aspect of Bangladesh's health status, particularly the state of rural health. This is vitally important to identify intervention strategy, he added. Mr. Abed concluded by citing BRAC's experience with innovative approach in the area of tuberculosis treatment, communication of ORS therapy etc.

General Discussion

After the Chairperson's address participants were requested to put forward their question on the keynote paper.

One participant referred to the health indicators used in the plan. He argued that most of these have been estimated from small surveys at different dates and are not very reliable and, as such, cannot be useful as a basis for determination of the strategy and priority of different health interventions. The Chairperson agreed that this is a particularly relevant and important issue. He said that child mortality rate is highly variable across the country and perhaps range between 70 and 180 per thousand. Mr. Kawnine said that the planners felt particularly handicapped by the lack of reliable statistics. During the formulation of the plan the Planning Commission discussed the statistics that were available with health and family planning sector experts to arrive at an educated guess.

A participant commented that all of the last three plans for the health and family planning sector have been failures and, in this context questioned the justification on launching yet another plan without having analyzed the past failures. Mr. Kawnine replied that it is true that the targets of the past plans remained unrealized in many cases, but this was not a failure of the plans but the result of resource scarcity and management problems. He added that the Fourth Five Year Plan focus is on streamlining the ongoing programmes and increasing their efficiency and new initiatives will be undertaken only if absolutely necessary.

A participant stated that the keynote paper focused mostly on family planning related indicators and as such did not do justice to all of the issues that were to be covered in the discussion. Also, there is more than a justifiable effort in the paper to show an improving trend in these indicators. Mr. Kawnine replied that the plan focuses on the Health For All indicators that are globally accepted indicators of health status of a society. With respect to the historical movement of these statistics reported in the keynote paper he said that progress in these areas take time to become measurable and his aim was to establish that some progress has indeed occurred. Dr. A.I. Begum, Consultant, World Bank supplemented this response by adding that the programme undertaken by the Government in the areas of nutrition, maternal health care, child health care, disease control etc., are starting to make their impact felt.

A participant referred to the title of the workshop and suggested that the role to be played by NGOs should be defined by the Government with proper emphasis to coordination of NGO activities. He felt that without a clear-cut policy for coordination of activities duplication of efforts has reached a disturbing scale. The Chairperson suggested that such

duplications are best sorted out by the NGOs themselves without involving the Government. He disagreed that such duplication is of a significant magnitude and suggested that the situation is more characterized by competition among NGOs which is a healthy sign.

One participant referred to the difficulties with data on health indicators and suggested that NGOs could help the Government in its future efforts to upgrade the country's health statistics. Another participant enquired about provision in the plan for the physically disabled. Mr. Kawnine replied that the plan provides for strengthening of the existing facilities.

The Chairperson called the session to its end at 11:00 a.m. which was followed by a tea-break.

SECOND SESSION

Chairperson

The second session which commenced at 11:15 a.m. was chaired by Mr. Alamgir M.A. Kabir, President Family Planning Association of Bangladesh.

Proceedings of the Session

The second session started with a discussion led by Mr. F.H. Abed on continuous innovation and creativity among the NGOs. A number of participants outlined their experience with creativity and innovation.

Following this the participants divided themselves into two group to discuss the health and family planning related issues in the keynote paper and prepare their recommendations in this regard.

After group based deliberation the two groups separately submitted their recommendations. The recommendations were as follows:

Recommendations of Group - I

1. The NGOs will take a holistic approach to PHC in their respective communities and, if necessary, this can be achieved by coordination among different NGOs.
2. The range of services to be provided by NGOs will cover the first eight PHC components.
3. NGO - Government cooperation may be extended through collaboration in manpower development and cross-checking of vital statistics collected through the population census due to be held in 1991.
4. Coordination with NGOs and between NGOs and the Government can be improved by delineation of work area by NGOs, consultation during policy making, annual reporting by NGOs to the Government and participation of NGO management in respective Upazila coordination meeting.

Recommendations of Group - II

1. The NGOs may undertake an integrated community development approach with the following components.

- i). EPI
- ii). Family Planning
- iii). MCH
- iv). Nutrition
- v). Training
- vi). Women's education
- vii). Income generation activities
- viii). Women's development
- ix). Water and sanitation.

2. The scope and range of services may include need assessment, training and motivation, service delivery, support and monitoring.
3. It is important that cooperation between NGOs and the Government is ensured and a precondition for this in mutual respect and understanding. Such cooperation is important in the areas of service delivery, monitoring and evaluation.
4. With regard to coordination although there is linkage between the Government and NGOs at district, upazila and union level, there is no such linkage at the national level. There is an urgent need to establish such linkage and strengthen existing coordination linkages. VHSS, as the apex body in the area of health and family planning, is required to play a more prominent role in coordination between the Government and NGOs and within the NGOs.
5. Government policy makers should make regular field visits to see NGO programmes first hand.
6. It is important that seminars, workshops, fora and publications etc., are arranged regularly to permit sharing of success and failures.
7. At the time of preparing national plans the Government should solicit suggestions/views of the NGO community and adequately reflect them in the plan. Likewise NGOs, when preparing their own projects NGOs should consult the local and national level Government functionaries as appropriate.

After the presentation of the recommendation of the two groups the session Chairperson Mr. Alamgir M.A. Kabir made his summeing-up statement. He said that the recommendations reflected the seriousness with which the NGOs are addressing the various issues in relation to the subject matter of the workshop. he requested VHSS to collect, edit and

submit the recommendations to the appropriate authorities on behalf of the NGO community.

Referring to his long experience in non-governmental voluntary work he emphasized the need for parasite control. The little food that women and children in Bangladesh get are shared by the parasites in their intestines. To counter this there has to be stress on functional literacy, personal cleanliness, nutritional education, etc., for the children and their mothers.

He also stressed the importance of taking into account the socio cultural values which accord a prominent role to the in-laws and husband in decisions regarding acceptance of family planning. He suggested that muslim religious leaders could be mobilized to explain to the people that not offering breast milk to a child for full two years and, as a corollary, having two children with less than two years gap between them would be a violation of the injunction of Suratul Bakarraah of the Holy Quran. He ended his summing-up by congratulating VHSS for successful organization of the workshop.

THIRD SESSION

Chairperson

The third session commenced at 2:45 p.m. with Mrs. Joya Pati, Managing Director, Kumudini Welfare Trust and President of the Executive Committee of VHSS in the chair.

Proceedings of the Session

The Chairperson welcomed the participants to the third session of the workshop. Following this, the participants divided themselves into two groups to further discuss the keynote paper and prepare their recommendations. After the group discussions the two groups separately submitted their recommendations which were as follows:

Recommendations of Group - I

Group - I submitted its recommendations under two broad headings.

Exchange of training : Exchange of training includes Government to NGO, NGO to Government and NGO to NGO exchange. While such exchange is happening in some areas, there is scope to improve coordination and cooperation in the field.

A comprehensive inventory of training courses and resources available with the NGOs and the Government should be compiled.

Evaluation should be carried out on the training courses conducted by NGOs by an NGO professional forum and performance of trainees should be one of the subject of evaluation.

Where training has been recognized it should be standardized and these courses could be made available to both the Government and the NGOs.

All NGOs should act as promoter and facilitator empowering people to partake of Government services.

Accountability : There are two dimensions to accountability:

- i) Is money properly spent? Financial proof of distribution of funds.
- ii) Cost effectiveness of programmes.

Recommendations of Group - II

1. Incentive and Disincentives : Outstanding performance of NGOs should be given proper recognition and appreciation by bringing them into public view and giving them more responsibility if they can take at.

In case of failure or poor performance of an NGO negative feedback can be given to them with a positive attitude. Needed technical assistance should be provided if necessary. If they fail to improve their standard they should be made to exit gracefully.

2. Exchange of Training Programme: It is often difficult to identify qualified trainers in a particular area. Organization with relevant background should come-up to identify the trainers on sectoral basis so that the training needs can be catered to.

NGOs active in the field of training and the Government can collaborate to build up training facilities to impart training at the regional level.

Programme Performance Appraisal/Monitoring: The Government should associate NGOs more extensively in its development efforts and make effort to share their experience in the areas of programme monitoring and appraisal.

Accountability : The existing procedure to establish accountability may be continued.

Evaluation: Evaluation of NGO programmes should be done with reference to the programme objectives.

After presentation of the recommendations of the two working groups the session Chairperson Mrs. Joya Pati said that the workshop had provided an opportunity to the NGO community in general and the participants in particular to present their views and opinions on what they thought to be an appropriate role for the NGOs in the Fourth Five Year Plan. She praised the participants for the seriousness with which they applied themselves while deliberating on the issues. Mrs. Joya Pati emphasized the need of proper appreciation of the role of private sector which plays a major role in providing curative health care in the country. She said that while there have been some criticism about different sections of the private sector, e.g., the private clinics, this should not cloud the mind about the role that the private sector can play in Bangladesh's

health sector. She stressed on the need for a positive approach on the part of the policy makers when thinking about this sector. Mrs. Joya Pati also underlined the private sector's need for support in various forms, particularly soft credit.

With regard to NGOs Mrs. Joya Pati invited particular attention to the plight of the small NGOs who make up a large part of Bangladesh's NGO community. These NGOs are highly dedicated to their goals and innovative in their approach. They are also highly disadvantaged in that although severely constrained by limited financial resources and skilled manpower they are treated as equal with more resourceful bigger NGOs in the matter of obtaining Government approval at different stages. In many cases these small NGOs, after having mobilized the local community for a particular programme receive donor assurance for funding and seek Government approval to accept the funding. It becomes very difficult for them to explain to their target population that the delay in programme commencement is not their fault but the result of the Government procedure involved. Often this leads to their humiliation and they become frustrated and their initiative for community development justifiably wither away. This means a tremendous loss for the society as the small NGOs are more adept at reaching the local communities than the large ones. Mrs. Joya Pati made a strong appeal to the Government to consider special treatment for the small NGOs. She also called upon the relatively longer NGOs and VHSS in particular to come forward and help the small NGOs. Mrs. Joya Pati called the session to a close at 4:00 p.m.

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CONCLUDING SESSION

Chairperson

The concluding session commenced at 4:15 p.m. with Mr. Kazi Fazlur Rahman, Member, Planning Commission, in the chair.

Proceedings of the Session

The concluding session commenced with presentation of the workshop's recommendations by the Rapporteur General, Mrs. Rowshan Rahman, Deputy Director, VHSS. Mrs. Rahman also summarized the proceedings of the workshop.

Following Mrs. Rahman's report Mr. Kazi Fazlur Rahman presented his closing address. He said that in Bangladesh NGOs are continuing the age old tradition of voluntary efforts for social and community development that had caused the setting up of the schools and charitable dispensaries spread over the country even before the Government came to play a significant role in these areas. He expressed his satisfaction over the workshop's effort to show how this tradition can be continued into the future.

Mr. Kazi Fazlur Rahman said that in health and family planning sector the most significant role that NGOs - particularly small NGOs can play is in the area of IEM. Upto now substantial investment in infrastructure has been made, upazila hospital have been set-up with doctors along with substantial training facilities. Most of the infrastructure are not used to their full capacity. While there are idle doctors at upazila hospitals, people in villages suffer from lack of health care services. The NGOs can act to provide a linkage between the health and family planning infrastructure and their intended beneficiaries by acting as coordinators, facilitators and promoters. They can organize the common people of the villages and help them enforce their rights. To illustrate his point he stated that people in Bangladesh have the highest level of access to potable water in South Asia. But, according to a report, this water is used mostly for drinking and very rarely for washing dishes, bathing babies etc. While the Government can be efficient in providing physical facilities like access to portable water, it is not as good in teaching the people that the use of safe water should not be confined to drinking alone - it should be used for washing dishes and bathing babies as well. NGOs can be good teachers and provide the information, education and motivation that will lead to fuller use of the water that is available to the people. There is an equally great role for NGOs in the field of nutrition.

Mr. Kazi Fazlur Rahman said that NGOs have a big advantage; they can be flexible, innovative and learn by doing things in a small way. NGOs can also be pioneers while Governments cannot. In this context he referred to the complaint regarding non-availability of the Fourth Five Year Plan document and said that the plan is a public document and should have been available to everybody - including the NGOs. While the Government publishes the plan, it is not possible to ensure that all interested readers receive a copy and since NGOs are not bureaucracies, it would be expected that they would take the initiative and collect a copy for use if necessary.

Referring to Mrs. Joya Pati's call for special attention to the needs of small NGOs he said that such attention is indeed required and suggested that there can be an apex financing institution which may fund micro-projects of small NGOs without having to go through the entire approval process for each project.

With regard to private sector Mr. Rahman said that the private sector will continue to play a major role even if the Government provided facilities are utilized to the fullest extent. He felt that there was a need for an accreditation procedure for private sector along with quality control and regulation. He also said that the private sector institutions should have facilities for non-paying poorer section of the population.

On the issue of collaboration between the NGOs and the Government, Mr. Rahman suggested that NGOs could work as contractor with the Government to provide services like training. He also said that since NGOs' activities and programmes are multifaceted, coordination among them is best carried out in sectoral forums. He noted that VHSS provides such sectoral coordination and suggested annual meeting between VHSS members and the Government to discuss NGO activities in the health and family planning sector.

Finally he said that the recommendations of the workshop would be useful to the Government in determining the future directions of its policies. He suggested that VHSS may refine the recommendations in the light of the discussion in the workshop and submit them to the Government.

Vote of Thanks

The workshop ended at 5:00 p.m. with vote of thanks read by VHSS Executive Committee Member Mr. S. Belayet Hossain.

KMH:FFYP-RPT

THE ROLE OF NGOS AND PRIVATE SECTOR IN HEALTH AND FAMILY PLANNING
IN THE FOURTH FIVE YEAR PLAN

PROGRAMME:

DATE : OCTOBER 08, 1990.

VENUE: PLANNING ACADEMY
BABUPURA, NILKHET, DHAKA.

08:30 A.M. - 08:50 A.M.

REGISTRATION:

FIRST SESSION

09:00 A.M. - 11:00 A.M.

Chairperson: Mr. F.H. Abed
Executive Director
BRAC.

- o Address of Welcome by Director, VHSS.
- o Presentation of the Keynote Paper
- o Chairperson's Address
- o Closing of the Session
- o Tea

SECOND SESSION

11:15 A.M. - 02:00 P.M.

Chairperson: Mr. Alamgir M.A. Kabir
President, FPAB.

- o Discussion on Health & Family Planning related issues in the Keynote Paper.
- o Lunch

THIRD SESSION

02:45 A.M. - 04:00 P.M.

Chairperson: Mrs. Joya Pati
Managing Director
Kumudini Welfare Trust &
President, Executive Committee, VHSS.

- o Discussion on the issues related to the Private Sector in the Keynote Paper.

CONCLUDING SESSION

04:15 P.M. - 05:30 P.M.

Chairperson: Mr. Kazi Fazlur Rahman
Member, Planning Commission.

- o Formulation of Recommendations
- o Presentation of the Recommendations by Rapporteur General
- o Vote of thanks
- o Closing of the Workshop
- o Tea.

The Welcome Speech and Objectives of the Workshop

by

Dr Nasir Uddin

Director, VHSS.

Mr Chairperson, respected members of the Executive Committee, distinguished guests and my colleagues:

We have been looking forward to this workshop for a long time. The Government has launched the Fourth Five Year Plan this year. Health and family planning are among the important components of the Five Year Plan and Govt. controlled electronic media trumpets it as a social movement. The role of NGOs in the development programme of the country has been recognized nationally and internationally, thanks to the government and our overseas sympathizers. To play our role effectively, it is necessary that we understand clearly the goals and objectives of the Five Year Plan in the health and family planning sector, the role of NGOs and their relationship with the government, the constraints that the NGOs face, ways to improve the effectiveness of NGOs, and other related questions. The objective of the seminar is to articulate more clearly these issues, to get feedback from the government as well as to convey the perceptions that NGOs have.

It is recognized by all that health and family planning are critical areas of social development. A healthy population is also a more productive population; and a productive population is key factor in achieving economic development. Factors other than health -- such as literacy, skill, work discipline etc. -- are also essential to make a population productive. We would, however, concentrate mainly on issues of health which is our area of activities.

High rate of population growth constrains improvement of the standards of living. For instance, if the economy grows by 4% annually and population grows by 2.5%, per capita income increases only by 1.5%, growth at 4% is no mean achievement, but the high rate of population growth keeps per capita income at a depressed level. More or less, this has been our perception during the Third Five Year Plan. It appears therefore that control of population growth should be considered as a part of development activities and can accelerate the pace of development. Take our example again: if growth of population were only 1% or 1.5%; per capita income would grow by 2.5% or 3%, even though the economy would have grown at the same rate. The higher growth of per capita income would create its own development momentum.

Family planning programmes differ from most other development programmes in many important respects. We would mention only a few. First, when you set up an industry or contract bridge or build a road, what you need are the engineering details, the material inputs, managerial and supervisory personnel, and so on. You do not have to motivate individuals to work for the bridge, for this may provide their only means of living. Secondly, you do not have to persuade the beneficiaries that it is something good. Thirdly, you do not seek to change the behaviour and attitudes of the beneficiaries; perhaps they wanted a bridge or a road or a school in their locality and it came a little too late. In family planning you have none of these advantages: you have to persuade the intended beneficiaries that it is for their good; you have to convince them that it works and it is safe; and you have to ensure that services are delivered. Communication in family planning is particularly sensitive. It is so personal a matter that only people who know each other can overcome the inhibition to talk about family planning.

The special communication skill give NGOs a relative advantage over others. The NGOs are based in the communities and can interact at an intimate personnel level. They may also reach the target clientele more easily.

Our discussions with NGOs indicate certain problems which they face generally. First, their role is supplementary or complimentary to that of the government. This relationship, however, is stated in general terms. It would be more helpful if the government could specify the activities that NGOs could undertake; a much better alternative would be for the government to specify the areas forbidden to NGOs on grounds of public interest but we would like know what are those forbidden areas where NGOs involved in nation building efforts; if at all there be any. Secondly, the NGOs have no clear or comprehensive view of the national policies and goals. If these policies and goals are explained to them clearly and concretely, the NGOs can better identify and opt for their areas of activities and thus designed their programmes. Thirdly, the NGOs are dependent on external aid. The development partners follow procedures and format different from each other. Getting to know this diverse procedures take a lot of time. The procedures have improved significantly but there is still scope for further simplifications of the procedures.

Now, an added dimension to procedural formalities has been added by creation of NGO Bureau, which is supposed to control and coordinate the activities of NGOs funded by overseas's donor. To me it has created a matrix where NGOs, NGO Bureau, Planning Commission and various Ministries form a mesh-work. People who want to work and expects a substantial positive change need to understand and act on and through the process. After all, development is a political process which looks for bringing change in people's life and NGOs need to have a apolitical structure. To many this may seems little perplexing, but to me a workable way is not absolutely impossible to find.

The above is not a comprehensive enumeration of the problems of NGOs. I have mentioned only a few -- and I am sure that during the workshop the participants would report other problems also.

To conclude, for NGOs to play an effective role it is necessary that all the parties understand clearly the national goals and objective as incorporated in the Five Year Plan, the role that the NGOs are expected to play, the procedural complexities which they experience and which reduces the effectiveness of NGOs.

It is our expectation that the workshop will help us identify more clearly the programmes and policies of the government, the role that NGOs can play, and policies and procedural measure which the government need to take to accommodate private and people's initiative for development.

We would expect that the participants would focus on the issues we have raised above which would help us understand better the national policies and programmes and the role that the NGOs can play. At the end of the workshop we would formulate a set of recommendations which would be sent to the government. We are happy that the key people in the GOB planning are participating in this workshop.

I thank you all for responding to our invitation to the workshop - and I thank the respected chairperson for giving me this opportunity to explain the objective of the workshop.

I welcome you all here for being with us today.

Thank you all again.

KMH:SPEECH:ADMIN-2:A

Role of NGOs and Private Sector in Health and Family Planning Annexure-C
Development during the Fourth Five Year plan.

(Keynote Paper)

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Introduction

1. Health is one of the fundamental human rights. The right of every citizen to enjoy the optimum level of health is recognized as a part of social justice; at the same time it is also recognized that every citizen has a right and duty to adopt voluntarily a small family norm as a part of social obligation. Good health and a controlled population improve the quality of human resources, productivity and thus constitute prerequisites for social and economic development. Socio-economic development and welfare of a nation is largely dependent on the state of health enjoyed by its people.
2. The present socio-economic scenario of Bangladesh is characterized by high mortality, morbidity and high birth rates and high rate of population growth. Much of the morbidity and mortality is due to preventable diseases resulting from and also aggravated by hunger, disease, malnutrition, unemployment, illiteracy, ignorance and above all the rapidly growing population. The natural disasters, environmental pollution, poor personal hygiene etc. further compounded the situation. Successive five year plans tried to address these problems with encouraging amount of success. Along with the government effort, the non-government organizations also contributed a lot in this direction.

Past Five Year Plans

3. The past plans in the health and population sector had endeavoured to provide essential health care to the general masses and family planning services. The compelling need to contain the menacing population growth has been well recognized and the Government during the First Five Year Plan (1973-1978) accorded high priority to the population problems and envisaged a good number of measures and pragmatic interventions to slow down the population growth. In the Second Five Year Plan (1980-85), the population programme was given the highest priority among all development programmes and proposed to combat the problem in a more concerted manner through more broad-based, community involved and multidimensional approach. The policy in the Third Five Year Plan (1985-90) has been to improve maternal and child health (MCH) and to further improve the service delivery system. By now the prerequisites of a favourable setting for a successful MCH based family planning programme has been achieved and more than one third of the eligible couples are practicing some kind of contraception.
4. The health care facilities, developed through past plans were able to cover only 40 - 50 percent of population. The efforts in the just completed Third Five Year Plan had been essentially to reorient the health culture and create an infrastructure which responds to primary health care (PHC), besides carrying on new and ongoing various vertical programmes and completion of essential health institutions. But the real goal to provide a comprehensive health care to the people is yet to be achieved.
5. The health status of the population has improved over the years. Life expectancy at birth has increased from 50 years in 1985 to 55 years in 1989. The Infant Mortality Rate per 1000 live birth has declined from 125 in 1985 to 110 in 1989, but there has been no significant decline in maternal

mortality. The reduction was from 6 to 5.6 per 1000 live births. The Crude Death Rate has come down to 13 per 1000 population (1990) from 15 (1985). The Crude Birth Rate declined from 39 in 1985 to 36.3 in 1989. The contraceptive prevalence rate has increased from 25% in 1985 to 33% in 1989. The Total Fertility Rate declined from 5.6 to 4.8 in 1989. Thus by the end of the Third Five Year Plan, the overall scenarios of mortality, fertility and contraceptive prevalence have improved compared to the mid 1980s. While progress is apparent there is still a long way to be traversed to reach the goals of acceptable level of health status.

6. Historical Perspective

The origin of the population control and family planning programmes of Bangladesh dates back to the early fifties with the initiation of Family Planning Association - a Non-govt. Voluntary Organization. The programme had thereafter moved through a succession of transformation in terms of organizational structure, nature, programme strategy and goals. Various policies, strategies and programmes to control the population growth were adopted during the last three decades. Though population programme began in early 1960, but its real policy history began after the emergence of Bangladesh, particularly when the First Five Year Plan (1973-78) was launched. Since inception, the programme has passed through the following phases:

- i) Private and voluntary small scale clinical based contraceptive service (1953-60).
- ii) Government supported clinic based programmes implemented through the existing health care facilities (1960-65).

- iii) Large scale govt. sponsored field oriented programme with strong information and education component (1965-75).
- iv) Community involved MCH - based family planning programme with multisectoral approach (1975-80), and
- v) Functionally integrated health and family planning programme (1980-85).

7. The history of health care services in Bangladesh can be traced back to the British rule, although not much is documented. It is only during the 1950s, the then govt. initiated a comprehensive health programme. But this was mostly urban based and curative oriented. It is only during the 1980s curative cum preventive health strategies adopted. The community based PHC and the MCH-FP package is the latest strategy being followed by the health sector.

The Fourth Five Year Plan (FFYP)

8. The Fourth Plan is underway and, in fact, has commenced since July, 1990. The overall development goal of the plan is improving the quality of life of the people through improving the health status of the population with unified support of all concerned with promotive and preventive health services delivery. The perspective goal is Health for All by the year 2000 and stabilization of population early in 21st century i.e. a Net Reproductive Rate of one by the year 2005. Keeping all these objectives in view, the FFYP has been formulated. The main directions of the plan are - (i) consolidation and further development of primary health care (PHC) and MCH-FP infrastructures (ii) strengthening of quality, quantity and range of health and family planning services based on PHC and MCH approach (iii) strengthening the technical and managerial capabilities of the health and family planning manpower to sustain and increase efficiency.

The overall objectives of FFYP and targets of certain key indicator have been worked out. Strategies have been formulated to achieve the objectives. Related programmes/ programme areas have been identified to advance the indicators to an acceptable level.

9. Family Planning Sector: Considering the serious socio-economic implication of high rate of population growth, the country has no other option than to make an all out effort to reduce the rapid growth of population within shortest possible time. At this end of policy of the FFYP would aim at achieving a demographic goal of $NRR = 1$ by the year 2005. Reducing the growth rate from 2.16 in 1990 to 1.81 in 1995 and achieve a corresponding CBR of 35.2 in 1990 to 30.1 in 1995 and CDR of 13.6 in 1990 to 12.0 in 1995 per 1000 of population. An achievement of estimated TFR from 4.50 in 1990 to 3.30 by 1995 would require the CPR of 35.5 in 1990 to 50.0 in 1995. The contraception objective, therefore, will be to raise the continuous users of conception from the assumed level of 7.3 million regular F.P. acceptors in 1990 to 11.6 million acceptors in 1995.
10. The overall goals for the maternal and child health programme under the Fourth Five Year Plan are to improve the health condition of mothers and children in order to :
 - i) reduce maternal mortality from 5.7 in 1990 to 4.5 in 1995.
 - ii) reduce infant mortality from 110 per 1000 live births in 1990 to 80 in 1995.
 - iii) reduce neonatal mortality from 80 per 1000 live births in 1990 to 60 in 1995.

11. Health Sector: The objectives of the health sector under the Fourth Five Year Plan have been formulated on the broad principles of promoting and supporting development and operation of a national health care system capable of attaining the goal of "Health for All by the Year 2000." The specific plan objectives include improving in health status of the population, particularly of mothers and children; increasing the coverage of primary health care and supportive services; strengthening family planning impacts of health interventions; improvement of the nutritional status of the population, particularly of mothers and children; improvements in the quality, quantity and range of health services at all levels of health system based on PHC approach including referral system; prevention and control of major communicable and non-communicable diseases; strengthening the management capabilities of the health system including optimization of manpower production and proper utilization etc.

12. The goal of HFA by 2000 and $NNR = 1$ by 2005 is quite ambitious. It will require huge resources and enormous amount of effort to attain this goal. Dearth of domestic resources have always been a serious impediment for family planning and health development. Besides, looking at the trend or sectoral resource allocation and utilization, the public health sector resources are not enough to meet this requirement. In view of such resource constraint in the public sector, involvement of NGOs and private sector is envisaged.

Role of NGOs and Private Sectors

13. Presently, a large number of NGOs are working in Bangladesh. The role of the non-govt. sector i.e. the NGOs and the private sector in accelerating the process of social and economic development is now well recognized, Government considers the NGOs as a partner in national development. In

fact, the family planning movement in this country was first started in late "Fifties" by the Family Planning Association, an NGO. It played a vital and key role in motivating the govt. to take up family planning activities as an official govt. programme. In the area of health a number of NGOs have provided very useful assistance to the govt. programmes such as EPI, diarrhoeal disease control, distribution of vitamin - A Capsule for blindness prevention, T B and Leprosy control, nutrition, environmental sanitation, etc. The private sector is already playing an active role, particularly in curative care. Private participation in the delivery of health services is usually in the form of establishment of hospitals, clinics, laboratories, pharmacies and professional private practice. Its role in the promotion of preventive health care or financing of health services is equally vital.

14. The non-govt. sector of Bangladesh represents vast potential resources to expand health and family planning services and to improve the internal efficiency of both the systems. A strong non-govt. sector is particularly important because of the fact that it can be instrumental (i) to substitute private resources for currently used public resources and re-allocate the public resources to areas of greater priority. (ii) to use the competitive influence of the private sector reform the efficiency of the public services (iii) to expand total resources devoted to health care. The non-govt. sector, therefore, will be encouraged to expand in order to deliver and finance the health care and family planning services in the country. Since the private sector has the potential to supplement limited public resources, Govt. policy should support a collaborative govt. and non-govt. delivery of health services and FP-MCH programmes. In addition to the existing tertiary and secondary health care, the non-govt. sector will also be encouraged to extend their services to rural areas.

15. Cooperation between the Govt. and the NGOs has increased over times. Beginning in the mid seventies, NGO activities in the field of health and family planning began to expand. They mainly supplement and complement the government health development and population efforts. The NGOs can be classified into three categories (i) local grass root level NGOs (ii) national NGOs having branches at grass root level (iii) international donor NGOs. The types of services and activities the NGOs offer and engaged in are many and varied. Their activities are mainly directed towards promotive, preventive, curative and rehabilitative health care and promotion of family planning services. Some of the NGOs have independent programmes, while others are helping in strengthening the Govt. programmes. The NGOs work with the community and have created an impressive report with the people. It is well recognized that the NGOs with their operational flexibility and concentrated focus on the grass-roots, have the ability to reach the poor effectively through need-based programmes.

16. During the Fourth Five Year Plan, Govt. policy will be to promote the participation of private sector including the NGOs in various health and family planning activities. For this purpose, appropriate processes and procedures will be institutionalized and quality, quantity and range of services will be standardized to facilitate their activities. An effective coordination will be initiated between the public and the private sector for equity, better understanding and avoidance of duplication. Recently, an NGO Affairs Bureau has been set up to provide "one-stop service" to foreign funded NGOs. This is expected to substantially simplify and hasten the registration and project processing system. Other NGOs not receiving foreign funds, however, continue to follow the existing procedure laid down for them. There is little systematic information on the NGOs and private sector's involvement on health development. During the plan period, and in-depth study will be undertaken for

assessing the range and coverage of health services being provided by the NGOs and private sector. The target of Health for All (HFA) by the year 2000 and population stabilization by the year 2005 will require significant increase in resources to the health and family planning sectors and best use of available resources. These are in fact, a huge task and the public sector alone will not be in a position to accomplish it. Therefore, a joint effort of the public, private and NGOs will be of extreme importance.

17. An important element of overall sectoral strategy in the FFYP is involving the private sector and NGOs more positively in service delivery. Potential programme areas for the non-govt. sector, among others, may include IEM, MIS, training, production of training materials, manufacture of essential medical and surgical equipment, manufacture of various contraceptives like condom, pills etc; health and family planning clinics, polyclinics, nutrition, environmental sanitation, health insurance schemes etc. Government would like to see the NGOs as a partner in development activities. The area of involvement of NGOs and the private sector in health and family planning and various issues and problems there on may be sorted out through mutual consultation.
18. Issues/problems: The following points/issues may be central for discussion in the seminar and necessary suggestions/recommendations may be framed accordingly.
 - i) Probable programme areas of participation of the NGOs and the private sector.
 - ii) Scope and range of services.
 - iii) Cooperation
 - various forms of cooperation that should be brought about to make the system an effective one.

- iv. Coordination
 - mechanism of linkage with the govt. as well as at different levels of the system.
 - Role of VHSS in coordinating Health and FP NGOs.
- v. Communication
 - Sharing of ideas, experiences, plans, strategies and programmes with the govt. by the NGOs and vice versa.
- vi. Incentives and Disincentive.
 - nature, form and content of incentives of well performed NGOs and disincentives for poorly performed NGOs.
- vii. Exchange Training programme between Govt. and Non-govt. sectors.
 - exchange of expertise, training materials, methods of sharing good training experiences.
 - methods of monitoring the effectiveness of training and training materials.
- viii. Programmes performance Appraisal/ Monitoring.
 - type of information system and their content, flow of information, periodicity, methods of ensuring quality data and timeliness etc.
 - approaches and mechanism of monitoring the performances and effectiveness of various NGOs.

- impact on health and family planning sectors.
- ix. Accountability
 - procedures, mechanism and process of accountability of NGOs to the national health and population policies, goals, objectives and strategies.
 - Financial accountability with special reference to flow of foreign/external resources and investment.
- x. Evaluation
 - mechanism, periodicity and emphasis of evaluation including cost - benefit, cost-effectiveness analysis of NGO programmes.

ANNEXURE - D

WORKSHOP ON THE ROLE OF NGOS AND PRIVATE SECTOR IN HEALTH & FAMILY PLANNING
IN THE FOURTH FIVE YEAR PLAN

VENUE : PLANNING ACADEMY, NILKHET, DHAKA
DATE : 8 OCTOBER 1990.

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